OFFICE OF THE
Ohio Secretary of State

Ohio Campaign Finance Report

Form 30-A

ORC 3517.10

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2023 OCT 25 AM 9:55

FRANKLIN COUNTY
BOARD OF ELECTIONS

Committee Name	Office Sought	District
Citizens for Tarazi	Hilliard City Council	

Street Address	City	State	Zip
5635 Sandbrook Lane	Hilliard	Oh	43026

Candidate Name OR PAC Registration Number	Treasurer Name	Election Date (MM/DD/YYYY)
Omar Tarazi	Omar Tarazi	11/7/2023

Type of Report (choose one):

☐ Annual ☐ Semiannual ☐ Pre-Primary ☐ Post-Primary ☒ Pre-General ☐ Post-General

Statewide Candidates Only:

☐ July Monthly ☐ August Monthly ☐ September Monthly

Year: 2023

Amended Report	Termination	Short Form Report (R.C. 3517.10(H))
☒ No ☐ Yes	☐ Check this box if the committee wishes to terminate with this report	☐ Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	17890.44
2. Total monetary contributions (From Forms 31-A and 31-E)	150
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	~~0~~ 18040.44 ol
5. Total monetary expenditures (From Forms 31-B and 31-F)	0
6. Balance on hand (line 4 minus line 5)	18040.44
7. Value of in-kind contributions received (From Form 31-J-1)	2422.78
8. Value of in-kind contributions made (From Form 31-J-2)	0
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	0
11. Outstanding loans owed to committee (From Form 31-K)	0
12. Value of independent expenditures made (From Form 31-U)	0

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY): 10/24/23

Contribution Pages	Expenditure Pages	Other Pages	Total Pages
1	1	1	1

Last Updated 09/2017

OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Citizens for Tarazi

Full Name of Contributor	Registration Number, if PAC			
Darbie Everhart				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
6980 Corazon Dr.	House Wife			check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Dublin	OH	43016	10/14/2023	150

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Dublin	OH	43016		

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
	OH			

Full Name of Contributor	Registration Number, if PAC			
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Dublin	OH		07/20/2019	

*Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total 150

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Ohio Secretary of State

In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Responsible Hilliard Development Pac	Pac	93-3343768

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
5635 Sandbrook Lane	videos and website promotion	09/05/2023	2422.78

City	State	Zip Code	Received at Fundraising Event?
Hilliard	OH	43026	☐ Yes ☒ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
	OH		☒ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
	OH		☒ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value
	facebook marketing		

City	State	Zip Code	Received at Fundraising Event?
	OH		☐ Yes ☐ No

Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC

Street Address	Description of Item or Service	Date (MM/DD/YYYY)	Fair Market Value

City	State	Zip Code	Received at Fundraising Event?
	OH		☐ Yes ☐ No

* Required for contributions from individuals over $100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of $100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total $ 2422.78